

Building Missouri's future...by degrees

New Program Request Form

Instructions: Complete the following information and submit this form with all required attachments and payment of the program review fee. Incomplete proposals will be returned without review. **Complete a separate form for each new program request.**

Name	of School		DHE Code
Progra	m Title		
Name a	and Title of Authorizing Sch	ool Officia	al
Teleph	one / Email of Authorizing S	School Off	ficial
	Complete new program and A complete new program requests school official.		Orm ins no blank lines and includes the name, title, and contact information of the authorizing
		REC	QUIRED ATTACHMENTS
	Signed letter of notification will incimplementation of the change.		nformation about the nature and scope of the new program and the proposed date for the
N/A	Program review fee Fees should be made payable to	the Missouri	i Department of Higher Education. See the fee schedule for payment amount.
	Program inventory revision form The form must include: CIP Code; Program Title; Program Length; Required Number of Hours; Type of Hours; Tuition; Fees; Cost of Books and Supplies; Outcome Award.		
	School publication(s) School publications include the school catalog/handbook or other published materials that provide information to students and prospective students about the new program. This should include an outline of the program and descriptions of new courses.		
	Accreditor approval In order to achieve final appre criteria of the school's accreditin		lited schools must provide verification that the new program meets the standards and on.
		h the school	gram is not in a subject area directly related to existing programs and/or the proposed is not currently approved, the school must include resume information for each new
		R if the prog he school is t	gram is not in a subject area directly related to existing programs and/or the proposed not currently approved, the school must include descriptions of additional equipment and
]	FOR OFFICE USE ONLY
	Date Received:		Date Response Mailed:
	Amount Paid:	N/A	Date of Final Disposition:
	Reviewer:		